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ORIGINAL ARTICLES.

Duty—Loyalty—Success.

By WM. B. DEWEES, A.M., M.D., SALINA, KAS.

Read before the joint Meeting of the Golden Belt and Northwestern Kansas Medical Societies, held at Ellsworth, Kas., October 4, 1894.

Fain would I call the attention of not only those within the sound of my voice, but of every member of the two societies here represented, as well as of every reputable practitioner in America, to the too much neglected duty of contributing to and studying the proper current medical literature. By the right endeavor in this direction the great distinctive service of American practitioners of medicine may justly become effectually manifested by its counteracting influence in removing the pedantry shown in some of our medical colleges and periodicals, and encourage the expression of original thought and observation in young physicians. The distinction of young physicians is made because it is from this rank that the future advance in medicine will be made, and also from the cognizance that most of the older practitioners have never learned to write, nor to study or observe, while as they become burdened with the cares of a large practice or the habit of indifference, it becomes impossible for them to acquire the art of writing. Thus whatever knowledge they may possess of positive value to the profession dies with them.

Advanced medical education follows the earnest endeavor of the thoughtful and observing doctor to learn something of profit and interest, and then place this before the

profession in the most attractive manner. When a young doctor has begun to realize that he can talk to the medical profession throughout the State, the Nation, and even the World, life and study takes an entirely new aspect.

To the day of small things will now be added the day of enlarged and enlarging physcianhood. He who fully realizes this truth will never write a poor article for publication. The poor articles come from quite a different sort of doctors. To every young practitioner who would make the most of his powers I would say: Think and observe for yourself, and write for the best periodicals constantly. Though it be only one or two articles a year and much time required to prepare the same, be sure to begin and keep up the habit of correct thinking and observing, constant study, and perfect writing.

With regard to studying the proper current medical literature, it is but necessary to call attention to the fact that no doctor can be considered as progressive who has not provided himself, first of all, with the true representative periodicals of the profession of his State and Nation. Therefore every loyal practitioner in Kansas should consider it his first duty to become a member of the local society of his city, county, or district; then to join the State society, and thus in turn hold membership in the American Medical Association. This will bring him a weekly visit of both *THE KANSAS MEDICAL JOURNAL* and *The Journal of the American Medical Association*, two periodicals that are independent, being controlled and issued by medical men for professional purposes only, and will allow him a weekly interview and counsel with the best medical talent of his State and Nation, since they are the official representatives of the State and National organizations respect-

ively. This argues for State and National unitary organization. Our business remains to be the welfare of the people and raising the standard of our profession. We are thus called upon to constantly arouse in the medical mind the recognition of the need of professional unity. Without unity we cannot speak properly and effectually to the people or the profession, criticise abuses or encourage faint and sporadic attempts to be in accord with Nature. In unity we shall find strength and success, while singleness of purpose can only bring professional weakness and failure.

They only gain the largest success who improve every opportunity. By thus studiously applying himself the doctor may become as progressive in Kansas as anywhere else on the globe. We say progressive, because our profession is a progressive one; and every succeeding representation of a progressive cause requires more knowledge and a better understanding of the truth which the cause embodies, in order to be properly qualified and merit the name and position of a representative. The knowledge of to-day will not serve the needs and wants of to-morrow. What little we can do now and year by year are like little seeds scattered by the wayside, yet falling upon good soil, will germinate and grow, and though planted by a tyro and watered by Apollo, the kind and careful Dame Nature will not fail to give to them the proper increase.

We know of no means by which success will come to our profession, save by untiring industry in both personal and united effort. The great danger of failure lies in knowing and doing too little, and not in knowing and doing too much. It is work that gains the goal and wins the prize, and as we have nothing which we care to lose yet much to gain, we should have strong wills followed by strong deeds, such as will leave their impress as guides to our successors. A mark set high and a plan well laid are not often found in the debris following a failure; but stand out prominently as monuments of mature intellects, not easily shaken and much less destroyed. Let us then henceforth

earnestly endeavor to "learn to labor and to wait," and to see to it that our brethren do likewise—even though we find it necessary to "go out into the highways and hedges to compel them to come in" (Luke, 14:23)—to work and be happy—to be loyal and deserve success in unity. Let our motto be in the language of Addison's "Cato":

"Tis not in mortals to command success,
But we'll do more, Sempronius, we'll deserve it."

When thus we become really aroused to the proper sense of our duty, and demonstrate effectually our loyalty to our profession with a spirit that will stirringly and convincingly awaken our brethren who are now dormant existing in professional desuetude, by driving home to them those conditions which are of a nature that pinch the conscience, and of which the only consoling element is to be found in the thought and act of "*We must be born again.*" Then will the possibility present itself of increasing the membership of the Kansas State Society to upwards of 1,000 and that of the American Medical Association from less than 5,000 to a possible 50,000—which estimate will include only a limited number in excess of one-half of the practitioners of rational medicine in our State and Nation respectively.

Then, and not until then, may we confidently hope to find enlisted the requisite majority essential to ultimately have success reward our efforts by bringing about thorough unitary action, legislation in all things concerned with the well-being of the people, as it should be, namely, in dependence upon concerted medical advice. Will we do our duty, be loyal, and deserve success?

SUGAR AS AN OXYTIC.—A French obstetrician, Morso, asserts that sugar is an excellent and useful stimulator of uterine contractions during labor. He gives an ounce dissolved in eight ounces of water, and reports ten successful cases. Sugar is a direct stimulant to smoothe muscular fibres.

McArthur vs. McBurney.

BY H. H. SUTHERLAND, M.D., HERINGTON.

In your journal of October 6, Dr. J. E. Summers, Jr., describes "Dr. McBurney's New Method of Incision in the Abdominal Wall in Cases of Appendicitis."

I believe the credit of this method should be given to Dr. L. L. McArthur, of Chicago. Dr. McBurney's report appeared in July, in which he says he has done this operation four times. Early in May I had the pleasure of seeing Dr. McArthur do this identical operation as described by Dr. McBurney.

It was his forty-sixth case and without a death.

This method requires a longer incision and a little more time than the other or older methods, but one is well repaid for his trouble in knowing that there is absolutely no danger of a hernia.

After making the incision through the skin he separated the fibres of the external and internal oblique and transversalis muscles down to the pus sac, introduced his outer sutures loosely, and then picked up the sac and opened it, and passed in a double drainage tube and closed the wound.

By attaching a fountain syringe to one tube he flushed out a large quantity of pus through the other. He makes no attempt at that time to remove the appendix, but does so at some future period should occasion require it.

He establishes free drainage and flushes the cavity, as one would an infected uterus, with a free return flow.

A record of forty-six consecutive operations for appendicitis without a death is, to say the least, good in the face of present statistics. Dr. McBurney says this method is not "especially suitable for suppurating cases because of the somewhat limited space." Now I believe this view is wrong, and that the cases in which it is not suited are the exception rather than the rule. I know that Dr. McBurney is excellent authority, but so is forty-six consecutive cases.

Each case can be more readily decided by the operator at time of operation than by any fixed rule.

Ingrowing Toe Nail.

International Journal of Surgery.

This affection has been usually ascribed to the pressure of too narrow and too small shoes, but according to the investigations of Dr. Regnault (*Medical Weekly*), while the action of shoe pressure is to produce deviation of the big toe by bending the nail, this is not sufficient to cause it to grow in. The toe may be deviated, the nail bent like a claw and deeply implanted in the flesh without the occurrence of ulceration. Moreover, ingrowing nails are quite common in individuals of a lymphatic tendency who have a thick toe and a small flat nail, and in them the constitutional state is the chief causative agent. When this affection occurs in healthy persons, however, whose toe has been more or less changed by shoe pressure, Regnault cautions us not to attribute too much significance to the latter. He believes that slight traumatism, due to contusion of the toe or cutting of the nails, and uncleanness which favors the entrance of pyogenic germs, are frequent exciting causes of ingrowing nails, which, if obviated at the onset, will assure a prompt cure of this trouble.

To Dissolve Tablets.

Journal of Materia Medica.

To dissolve a hypodermic tablet quickly. After the tablet has been introduced into the syringe containing ten or twelve minims of water, invert the syringe and drive out all air, then, placing the finger over the end of the syringe, withdraw the plunger. This creates a vacuum and the air in the tablet trying to escape lifts the tablet to the top of the water and bursts it to pieces. Try it, doctor, and you will save many shakes and give your patient more prompt relief.

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Topeka, Kansas, Saturday, Oct. 13, 1894.

Legislation.

We have received a query from a brother interested in medical legislation, as to the effect of the clause in our proposed law requiring non-graduates of medicine to furnish evidence of having practiced ten years in this State. The bill which it is proposed to submit to the Legislature is nearly an exact copy of the Illinois law, which we understand has withstood the test of legal scrutiny for some years. Our opinion in this matter, from a legal standpoint, is, we know, worth very little, but it certainly seems plausible that since the constitution and laws of our State affect only its citizens and the State takes no cognizance of the acts or business of a man till he becomes its citizen, this requirement could not be unconstitutional. It may not be perfectly just,

but we can hardly see how it can be changed and still give the desired protection to our own practitioners. The ten-year provision is only a compromise at the best, and while it admits practitioners in our own State who have been engaged in the work for the required time it would certainly be bad policy to throw the doors open to all the itinerants, voodooes, etc., who may have followed their calling in States more poorly protected than our own. It has occurred to us, and we believe there are good grounds for saying that since we have now a law governing the practice of medicine and a Health Board empowered to license practitioners of medicine, that all those who have complied with the present law will be exempt from the effects of the new law, should it pass. The medical-practice act now on the statutes requires ten years' continuous practice, but does not specify that it shall be in this State.

Died.

At 4 o'clock P.M., on Monday last, Dr. Reid Alexander of this city. Dr. Alexander was one of the most prominent physicians of the city, a favorite with the profession and the people. Although he had been sick for some time, he was considered convalescent and expected to take up his business in a few days. On Saturday last he felt some pain in the bowels and his condition rapidly grew worse until his death on Monday. A post mortem revealed swollen Peyer glands and a perforation about thirteen inches from the cæcum.

His illness really dated from the first of July, but there were no marked or definite symptoms until the latter part of the month. He then went through a typical course of typhoid fever. His recovery seemed rapid and uneventful, and on Friday evening he was saying how perfectly well he felt. Dr. Alexander was one of the stockholders of the KANSAS MEDICAL JOURNAL, was President of the Topeka Academy of Medicine and Surgery. He had been for many years

surgeon for the Rock Island Railroad, and was appointed a member of the Board of Pension Examiners by the present administration. The Topeka Academy of Medicine and Surgery attended his funeral in a body and will on Monday evening next hold a special memorial service.

A New Hospital.

The prospect for a new hospital in Topeka is very encouraging. A proposition was made by the Kansas Medical College to the Presbyterian Church, which was passed upon by the Synod, and a committee appointed to raise funds for the purpose. The hospital will be erected upon the college grounds and will be under the management of the Faculty. This will be an important acquisition and will add greatly to the facilities of the College.

An Error.

In last week's issue we said: "It is reported that Dr. Halley has resigned his professorship in the University Medical College of Kansas City."

We are happy to correct this statement and say on the authority of the secretary of that institution that the report is without foundation. A medical journal published in Kansas City was the source of our information.

Further Reports Upon the Value of the Antitoxin Treatment of Diphtheria.

Medical Record.

M. Roux has communicated the following statistics with regard to the trial of the remedy at the Hôpital des Enfants Malades in Paris. Between February 1st and July 24th, 448 children were admitted into the diphtheria pavilion. Of this number 109

died, a mortality of 24.33 per cent. This was to be contrasted with the mortality in the four previous years, when 3,971 cases were admitted and 51.71 per cent. died. The improvement in the death rate attributable to the treatment was therefore 27.38 per cent. If compared with the mortality among the cases of diphtheria admitted during the same period into the Hôpital Trousseau the results appeared still more satisfactory. Of 500 children admitted into that hospital 310 died, a mortality of 63.20 per cent. A critical examination of the statistics for this year involved the drawing of a distinction between cases of true and false diphtheria. Of the 448 children admitted into the diphtheria pavilion, bacteriological examination showed that 128 were not infected with true diphtheria; further, 20 of the cases were already moribund when admitted. There remained, therefore, 300 cases which afforded a fair test of the efficacy of the treatment; they yielded 78 deaths, a mortality of 26 per cent., which was to be contrasted with an earlier series of cases subject to the same eliminations, but treated by other methods, which gave a mortality of 50 per cent. The rule had been to give an injection of the serum, which was obtained from the horse, immediately after the admission of the child. The injection was not repeated if bacteriological examination showed that the case was not one of true diphtheria. In none of these cases was the injection followed by any unfavorable symptoms; it was not painful, and if made with aseptic precautions was not followed by any local disturbance. In cases of true diphtheria a second injection was given twenty-four hours after the first, and as a rule this was sufficient. If the temperature remained elevated a third injection was given. As a rule a child received an amount of serum equivalent to one-thousandth of its weight, but in a few cases the quantity reached one-hundredth of the child's body weight. Under the antitoxin treatment complications were observed in only a few cases, but in some paralysis supervened. Occasionally during convalescence an urticarial eruption was observed, apparently due

to the injections. The treatment appeared to diminish the liability to albuminuria. Dr. Aronson, of Berlin, states that he employs serum of the immunized horse, which is three times stronger than that of Professor Behring. In the five months ending with July he had treated with his serum 192 patients suffering from diphtheria, as ascertained by bacteriological examination. The mortality was 14 per cent. In 23 cases the children were moribund when admitted; eliminating these there remained 169 cases with 19 deaths—a mortality of 11.2 per cent. This contrasted with a mortality in the same hospital varying in the three years before the adoption of the antitoxin treatment from 32.5 per cent. to 41.7 per cent. Eighty-two cases had been treated by the serum in other hospitals in Berlin, and the general mortality of the whole series of 274 cases was 15.3 per cent. He had also employed the antitoxin serum with the object of producing immunity in the children belonging to families in which one case of diphtheria had occurred. Among the 130 children thus inoculated two only contracted diphtheria, and that of a very mild type.

The Crisis.

From the National Druggist.

There are certain journals claiming to represent the best interests of pharmacy who, for the price of a few subscriptions, have done more to injure the business than all other causes combined.

In every trade or profession there are a few who seek to distance competition by a resort to sharp practices, and who do not care how they cut to pieces and demoralize the business in general if they can reap a temporary gain. For the benefit of this small number, these journals have teemed with pretended formulæ for almost every patent and proprietary medicine in the world.

The editors of these journals are not fools, and there is not one among them who does not know that chemistry, with all its won-

derful powers, cannot today accurately analyze an organic mixture. Then, when they pretend to give a formula for making one of these preparations, they not only perpetrate a fraud on the subscriber, but they cater to the worst element of the trade, and lend the weight of their great influence to popularize a crime.

The constant appearance of these "lessons in substitution" in journals supposed to be published in the best interests of pharmacy, have made the idea so familiar that some, who a few years ago would have shrunk from substitution as dishonorable, have embraced it as the means by which to thrive in business.

It may be true that substitution does save a few cents on a prescription. It may be true that some immediate profit does result from deceiving the doctor and swindling his afflicted patient; but, to say nothing of the moral principle involved, as a business policy it is short-sighted, and in the end does not pay.

"Be sure your sin will find you out" is as true now as when uttered thousands of years ago; and some day the "substitutor," fretting and complaining over a growing decrease in prescription trade, will learn that some proprietor, whose goods he has been counterfeiting, has caught him in the act and has quietly informed all the physicians in his community of his perfidy and dishonor.

If the guilty were the only sufferers from the consequences of their unlawful acts, we would have nothing to say, but unfortunately the evil does not stop with them.

Manufacturers who have suffered from the practice are constantly warning the physician against it, and the physician, alarmed at the threatened danger to his professional reputation, and to the lives of his patients, is gradually turning his little office into an apothecary shop. Manufacturers of tablet triturates are taking advantage of the situation of affairs and are encouraging the physician to dispense, and making it easy and convenient for him to do so.

The medical journals have taken up the subject and they, too, are urging physicians

to dispense. From one of wide circulation and great influence we take the following as showing the trend of sentiment among them:

"We have always had the highest esteem for reliable and honest members of the pharmaceutical profession, recognizing in them valuable and potent allies in the treatment of diseases, but it is because in so many instances druggists have allowed the business side of their avocation to over-ride and put almost entirely out of sight their professional responsibility, that we have given so much space and consideration for months to the question as to whether or not physicians should dispense their own medicines. * *

* Until substitution is but a memory, and a better way discovered, it is the part of wisdom to dispense your own medicines."

The crisis is a serious one, and words like these from a paper of such influence, circulating among the very class from whom prescriptions must come, should sound an alarm so loud that even those who have produced the trouble will hear; and they should arouse the true pharmacist, who loves his profession and wishes it lasting and substantial success, to the necessity of driving from the trade, by exposure or otherwise, those who, for a small pecuniary consideration, would bring the entire profession into disrepute.

The Burst-Up of Listerism.

D. Campbell Black, M.D., (Professor of Physiology in Anderson's College, Glasgow), in Medical Press and Circular.

Since its inception I have been professional heathen enough to disbelieve in and to deride this folly. I have watched for many years with mingled amazement and amusement the pirouetting of Sir Joseph Lister among "putties," gauzes, calicoes and steam engines, in order to kill spores and thus prevent suppuration, decomposition, etc.; and I predicted that if Sir Joseph continued in the course in which he was incontinently following, he would ultimately arrive at the point where he originally departed from common sense. I maintain that

this prediction has been verified. In his recent address to the Glasgow University Medico-Chirurgical Society, Sir Joseph Lister threw a bomb, much to their consternation and chagrin, among his obsequious flatterers and adulators. Originally, and for as long a period as anything has reigned in "antiseptic surgery," the shibboleth was that suppuration was due to germs floating in myriads in the atmosphere, and the "scientific" method to prevent this suppuration was, as held by the worshipers of this fetish, to kill these germs, and hence Sir Joseph Lister's numerous appliances and devices, all of an ephemeral nature. At the meeting above referred to, Sir Joseph performed what it is to be hoped will be his last antiseptic somersault, in advising the surgical acolytes of Glasgow to pay no attention to atmospheric germs, but preparatory to any operation to bathe the skin with, and immerse the instruments in, a certain solution of carbolic acid. Thus Sir Joseph is back to carbolic acid, which is a very inferior antiseptic, and he has now no theory of atmospheric germs, and hence whatever there was novel in his theory and treatment disappears by one coup. If it be "Listerism" to apply "antiseptics" to wounds, to enjoin cleanliness, and to prevent the access of "gross dirt" to wounds, then there was "Listerism" before Sir Joseph was born, and there will be after many generations of surgeons have passed away. But Sir Joseph has discovered a new "antiseptic" pet; he tells his audience that certain cells termed phagocytes kill the germs, and by their gustatory intervention prevent suppuration, decomposition, disease, etc. Now, I venture humbly to assert that there is no more scientific evidence of the existence of "phagocytes" which comport themselves in this manner than there is for the existence of witches, and of the two beliefs the latter appears to me to be the more reasonable. I read in a recent number of an influential medical contemporary that Sir Joseph Lister had been awarded the Albert medal of the Society of Arts "for the discovery and establishment of the antiseptic method of treating wounds and injuries (what is this?), by

which not only has the art of surgery been greatly promoted and human life saved in all parts of the world, but extensive industries have been created for the supply of materials for carrying the treatment into effect." If it be "science" to give a transient impulse to the manufacture of "putty" and calico, then I have certainly misinterpreted the term "science" during all the years that I have lived.

Hernia.

Discussion at the Late Meeting of the American Medical Association.

An elaborate programme had been prepared for the surgical section of the American Medical Association at the San Francisco meeting, in which the subject of hernia was designed to take a prominent position.

The plan of providing a number of formal papers upon a specified subject, and the selection of those who are to be prepared to lead the discussion, will commend itself to all. It must be conceded, however, that in this discussion on hernia the results have been disappointing.

Many of the papers were read by title only; and most of the contributions actually presented showed signs of the hasty performance of a perfunctory duty, without such care and preparation as the dignity of the occasion demanded. Almost nothing of statistical value was produced.

The most creditable and practical essay presented was that of Dr. Joseph Ransohoff, of Cincinnati, on the "Treatment of Strangulated Hernia." This paper, an abstract of which appears elsewhere in the *Reporter*, will amply repay careful study.

The writer advises early operation in all cases of strangulation, and shows that in a large number of mortal cases death was induced by causes preventable through early operation. This timely contribution is a painful reminder that despite the vaunting of enthusiasts on abdominal surgery, it remains an open question whether or not of

late years any substantial progress has been made in the surgery of the intestine. For instance: McCosh is represented as placing the mortality of artificial anus for gangrene of the bowel at 50 per cent.; Reno Schmidt gives a mortality of 85 per cent. for resection of the intestine; and of 168 cases of gangrenous intestine, Mikulicz reports 109 deaths.

Dr. Ransohoff believes that an operation for strangulation is not in itself dangerous to life. The diminished mortality of more recent years, he thinks, is due largely to an early interference and the mortality may be further reduced by avoiding such causes of death as heart failure and pneumonia, by the substitution of local for general anesthesia. He says:

"With my present knowledge the deaths from heart failure and pneumonia might have been averted by substituting cocaine for general anesthesia. . . . In a case recently seen I made the relief operation, removing a mass of the omentum as large as a walnut, and returned the intestine without inflicting enough suffering to elicit a moan."

This point is not sufficiently emphasized. Manley, in his recent work on hernia, recommends cocainization as a local anesthetic in operation for all cases of strangulated hernia, claiming thereby a reduction of operative mortality to *nil*, unless the bowel is actually gangrenous at the time of intervention. Indeed, Manley claims something more than pain-killing power for cocaine in operations for strangulated hernia, for he alleges that it prevents vomiting, acts as a local hemostatic and makes the surgeon so master of the situation that he needs no assistance other than that the patient himself can provide.

If the local use of cocaine in strangulated hernia is what Manley claims for it, its general adoption in this class of cases will constitute a very substantial advance in the operative treatment of this condition.

It is unfortunate that even this phase of the subject did not receive more attention at the California meeting, for if local anesthesia provides safeguards to life, and is

without immediate or ultimate peril, it should be made known to the profession and be at once adopted in all suitable cases in which hernia becomes complicated and menaces life.—*The Medical and Surgical Reporter.*

The Technique of Curettage.

Centralbl. f. Gynaekol., No. 16, 1894.

Dr. M. Sanger states that, aside from the infectious, gonorrheal forms of chronic endometritis, the most frequent and important varieties are endometritis menorrhagica and hypersecretoria. For the former (endometritis interstitialis, fungosa, climacterica) the best treatment consists in curetting, followed in a few days by the application of caustics. In endometritis hypersecretoria, which is usually limited to the cervix uteri, irrigation, gauze "drainage," and cauterization are especially indicated. Irrigation must be preceded by dilatation of the cervix with laminaria tents, and rarely effects a cure unless associated with other measures. As a preparatory procedure to cauterization, washing out the uterus with a soda solution is of service. The use of gauze tampons, especially of medicated gauze, has a favorable action, although they should not be regarded as promoting drainage. They have the disadvantage of requiring to be frequently renewed. This objection does not apply to cauterization, the stronger the caustic the less frequently it has to be repeated. Sanger believes that in general the cauterization resorted to is too mild and too frequently repeated. Among caustics he prefers a 50 per cent. solution of chloride of zinc, which is suitable both for catarrhal as well as chronic, infectious and menorrhagic forms. In cases where the cervical canal is narrow, however, in virgins and nullipara, weaker solutions are in place. If a 50 per cent. solution be employed the application should not be repeated until the end of sixteen to twenty days. For cauterization Sanger employs a long, thin, silver sound.

A Premonitory Sign of Pulmonary Tuberculosis.

Maryland Medical Journal.

According to an exchange, M. Destree, of Brussels, stated that unequal dilatation of the pupils was frequently to be observed in tuberculosis. If the disease was unilateral the pupil was most dilated on the affected side; if bilateral, the dilatation was variable. This inequality of pupils is not observed in other diseases of the lungs (bronchitis, emphysema, pneumonia), but may follow an ancient pleurisy. This inequality is produced by excitation of the great sympathetic in the thorax of animals. Excitation of the hilum of the lung causes pupillary dilatation of the same side. This excitation is to be observed clinically in cases of tuberculous glands. The ganglia being altered and hypertrophied before the tuberculous lesions of the lungs are notably developed, mydriasis may occur early and form a sign, a warning. The author has observed this mydriasis five years before the pulmonary affection manifested itself in one case. He calls attention to the possibility of its being of value in the early diagnosis of pulmonary phthisis.

Treatment of Milk in the Breast of New-Born Children.

The Cincinnati Lancet-Clinic.

Dr. Coesfeld (*Deutsche Med. Wochenschrift*, No. 33, 1894) speaks very highly of the local application of belladonna ointment or plaster in the treatment of collections of milk in the breasts of new-born children. He cautions decidedly against allowing the milk to be squeezed out, for that will certainly lead to the development of a mastitis, with suppuration. A little of the ointment is spread upon thin leather, or a piece of belladonna plaster is applied to the breast. Those who have not used it will be astonished at the rapidity of its action. In parturient women with swelling of the breasts

and threatening mastitis it will do much good, if applied locally. If the mother does not want to nurse her child and the milk cannot be removed artificially, it will be found of service to suppress the secretion of milk. The pains disappear in a few hours; the breast begins to decrease in size, to become softer, and the secretion gradually ceases. Even in the more advanced stages of the disease the remedy is also indicated, as perhaps an abscess may be prevented. If this is not possible then its use will limit the formation of pus and control the pains.

Value of Opium in the Laryngeal Stenoses of Children.

Therapeutic Gazette.

Dr. Carl Stern (*Therapeutische Monatshefte* May, 1894) recalls the well-known fact that the difficulty in breathing in stenosis of the larynx in children is greatly aggravated by sleeplessness and fright. For this reason he has been led to treat these cases with opium, and his results have been so gratifying that he believes the remedy should receive more extensive employment. He uses it in cases—whether in diphtheria or without existing throat-affection—in which the hoarseness, the barking cough, the stridor, the cyanosis, and finally the sucking in of the xiphoid process and lateral portions of the thorax point unmistakably to stenosis of the larynx. He reports several cases in which the use of opium averted an apparently necessary tracheotomy.

Stern gives from two to five drops of the tincture of opium, according to the age of the child and the intensity of the symptoms, the dose being renewed according to the result obtained.

Chloroform Dangerous to Meat Eaters.

New York Medical Journal.

The geographical distribution of accidental deaths from chloroform is peculiar, according to Dr. Lauder Brunton, as re-

ported by the *British Medical Journal* for July 7th. Practitioners favor chloroform in the southern United States, in Egypt, and in India, while in London and the northern United States they dislike it. There has been a marked increase in the deaths under chloroform administration during the last few years in Great Britain. During these years the feeding of the population has been changed to an enormous extent by the increase in meat-eating due to the importation of low-priced refrigerated meats. Edinburgh has been an exception to the rule that the physicians of the colder cities do not prefer chloroform, but latterly the deaths from its use in that city have been more frequent, and gout has become less rare, both of which results may be due to the much-increased use of butchers' meat. A Russian observer has found that if the urine contains alkaloids, trouble may be expected from the administration of chloroform. This may explain why the cases which give the most trouble usually occur in strong, healthy men, who have been on a full diet, and are thus likely to have stored in their tissues a quantity of such alkaloidal products as result from meat eating. These substances, accumulating in the blood during anæsthesia, may act as a poison to cause heart failure, while chloroform, administered in the ordinary manner, tends to paralyze the respiratory center before the heart is weakened.

Sterilization of Catgut by Boiling in Olive Oil.

Annals of Surgery.

Dr. B. L. Eastman reports his experiments with catgut boiled in olive oil. He claims that catgut can be rendered aseptic by boiling at 212° three hours in olive oil, and that it is better in quality than if subjected to the ether-alcohol-bichloral process.

This is certainly an important subject, and is well worth investigation. There are objections to all the processes in vogue for sterilizing catgut. Some are too expensive;

others require too much time and care, and again the quality of the gut is deteriorated. I have used for several years catgut prepared in alcohol according to the method of Dr. George R. Fowler. I have catgut on hand now that was prepared three years ago. It has been repeatedly boiled and maintains a tensile strength superior to any commercial gut that I have tried and is aseptic. The process is simple and inexpensive if proper precautions are used. The catgut can be bought of a dealer, best grade, in the raw state. The skeins are washed in a solution of bicarb. soda, and then put in alcohol 97 per cent. in strength. It is now boiled one hour. This should be repeated with fresh alcohol until there is no further stain. The catgut is then wound on small wooden spools, such as are used for linen or silk thread. These are thoroughly boiled in a soda solution, then soaked in a 1 to 500 bichloral solution. After the gut is wound the spools are placed in alcohol in a self-sealing fruit jar and again boiled. I make it an invariable rule to boil after each exposure. For a full description of this process I will refer the reader to the *Medical Record* of 1890, vol. 38, page 177.

The American Disease.

The National Medical Review, Oct. 94.

It is a remarkable fact that many of the most valuable discoveries in materia medica have been made by laymen, and not until after a lapse of years adopted by the scientific world. The marvelous stories told by travelers of the uses to which the leaf of the Erythroxylon Cocoa was put by the South American Indians were received *cum grano* *salis* by the general reader and met with ridicule from the medical world, and not until recently was attention really fastened upon the "miraculous leaf," as it was called by early writers.

The fact that the Indian traveled for days carrying heavy burdens without food, being sustained by the leaf only, demonstrated its powers in sustaining vital energy and restraining tissue metamorphosis. This sug-

gested its use in phthisis and all forms of anæmia, in debility following fevers and after surgical operations. Coca has now taken its place as a reliable remedy in many conditions such as sleeplessness, despondency, and as a general and heart tonic and invigorator. Its property of strengthening the voice, due to its being a tensor of the vocal cord, makes it very useful for the singer and public speaker, and it is a reliable aphrodisiac without being irritating.

Ordinary coca wines have some value in promoting digestion due to their stimulating properties, but many of the wines on the market are improperly prepared or have too high a percentage of alcohol, which impairs the true therapeutic properties of the coca. Among the latter preparations one known as "Maltine with Coca Wine" has attracted our attention. The well-established reputation of maltine as a food and digestive agent and as a vehicle was a guarantee that the combination of maltine with a carefully made coca wine prepared from fresh leaves and containing a small percentage of alcohol would prove a valuable acquisition to our list of elegant pharmaceuticals. When it is known that each ounce of maltine with coca wine contains enough diastase to digest thirty ounces of starch at the bodily temperature and all the active principles of 30 grains of assayed Huanaco coca leaves, its value will be readily admitted.

"The American Disease," an irritable heart combined with indigestion and nervousness, so common among our business men and almost universal among women of the upper classes, presents a problem of ever-varying embarrassment to the clinician. Alcoholics may mitigate the symptoms of this condition temporarily, but lead to disastrous results. To try to give relief with opiates is little less than homicidal. Maltine with coca wine is an ideal combination in these cases, not only on account of the coca but from the food and diastasic values of the maltine, and is not followed by habit symptoms, for when the condition is relieved the remedy is no longer needed and its withdrawal is not followed by depression. In this particular coca differs from all other

stimulants and narcotics.

A well-known writer happily characterizes the dual action of maltine with coca wine in the following graphic manner: "The coca boosts the patient and the maltine furnishes the peg that prevents him from slipping back." Other tonics afford only temporary stimulation with nothing to prevent the subsequent reaction.

Coca Erythroxyton.

The Provincial Medical Journal, London, Eng.

We need not enter into a full description of the history of the Erythroxyton Coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf, and the time at which it is plucked; the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani was the first in Europe who took up the study of the plant, and over thirty years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz., "Vin Mariani," "Elixir Mariani," "Pate Mariani," "The Mariani," "Pastilles Mariani," etc., preparations which are known all over the world, and which have acquired their well-known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body, and exciting functional activity of the cere-

bro-spinal nerve centers. We have frequently prescribed this wine, and we can, from practical experience, recommend it:

Salipyrin.

From the *Medical Record* cabled report of the XIth International Medical Congress (Rome, March 29 to April 5), Section on Practical Medicine, we quote: Dr. Arthur Henning, of Königsberg, read a paper on this drug, which he believed to be the best antirheumatic and antineuralgic yet known, and also a most excellent antipyretic, especially in pediatric practice. In cases of rheumatism, when given in the early stages, it is most efficacious in relieving the pain and reducing the swelling of the affected parts. In simple colds and acute coryza it exerts a very favorable influence upon the upon the headache and general malaise. Its action in influenza must be regarded as almost specific. In cases of uterine hemorrhage, not due to the presence of tumors, or occurring in childbirth, salipyrin is much more efficacious than any other known remedy.

The drug is absolutely safe, and gives rise to no unpleasant after effects. It is best given in the afternoon, in rather large doses, repeated at short intervals. The total daily dose ranges from $7\frac{1}{2}$ grains to 2 drachms, according to the age of the patient and the disease. The remedy has no cumulative effect, nor do those taking it acquire a habit.

Anesthetic Mixture.

Journal of Materia Medica.

Dr. M. M. Latta, of Goshen, Ind., according to the *Chicago Medical Recorder*, has used for twenty years a mixture of one dram nitrite of amyl to a pound of chloroform. He claims for this mixture that it is particularly useful in case of weak heart and that it practically does away with the stage of excitement.